Mail to:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319
Or Fax: (515)281-4073





## Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

| Personal Financial Disclosure Statement  |
|--|
|  |
| Name: Toby B Shine Please type or print legibly  |
| Agency or department: Iowa Department of Economic Development Board  |
| Position held: Board Member  |
| Statewide office sought (non-incumbent candidates only):   |
| This statement is for Calendar Year 2008. Check if this is an amended statement.   This statement is required to cover the calendar year preceding the year the report is due.   |
| This statement is required to cover the state of the stat |
| Part A. Business, Occupation, or Profession. By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer. If you were not employed by anyone other than the agency and for the position held above check here.   |
| 1. Shine Bros. Corp Scrap Metal Recycling 2. Flight King, LLC - Charter Aircraft 3. TJN Enterprises, Inc Scrap Metal Recycling 4. TJN Enterprises, Inc Scrap Metal Recycling 5. TJN Enterprises of more than \$1,000. In the case gorles below his each sence from the previous calendar year. The amount you received more than \$1000 in gross annual income during the previous calendar year. The amount or value of the holding is not required to be listed. This includes the total amount of any income or value of the holding is not required to be listed. This includes the total amount of any income   |
| received jointly with one of more persons exceeded in the gross income produced was subject to spouse or other family members. A source is reportable if the gross income produced was subject to spouse or other family members. A source is reportable if the gross income produced was subject to spouse or other family members. A source is reportable if the gross income produced was subject to spouse or other family members. A source is reportable if the gross income produced was subject to spouse or other family members. A source is reportable if the gross income produced was subject to spouse or other family members. A source is reportable if the gross income produced was subject to spouse or other family members. A source is reportable if the gross income produced was subject to spouse or other family members. A source is reportable if the gross income produced was subject to spouse or other family members. A source is reportable if the gross income produced was subject to spouse or other family members.  |
| 1. Securities. List any company in which you owned securities  |
| 1. Smith Barney City Group  2. Wacovia Securities  |

| 2. Instruments of Financial Institutions. List the institutions from which you received annual g  | ross       |
|---|------------|
| ncome such as certificates of deposit or savings accounts.  | Reset Form |
|   |            |
| 1. Farmers Trust & Savings Bank   |            |
| 1. Farmers Trust & Savings pans 2. Community State Bank 3. Northwest Federal Savings Bank   |            |
| 3. Northwest Federal Savings Bank   |            |
| 3. Trusts. State the nature or type of the trusts.  |            |
| 1. Shine Family Trust   |            |
| 2.  |            |
| 3.  | *          |
| 4. Real Estate. List the nature of real estate interests including an interest from which income to derived from the selling of property. Do not list the location, address, or legal description | was        |
| 1. None   |            |
| ?   |            |
| 3.  |            |
| 5. Retirement Systems. List the name of the employer/sponsor of any retirement benefit systems.   |            |
| 1. None   |            |
| 1None<br>2<br>3   |            |
| <ul> <li>6. Sales to political subdivisions. List any sales of a good or service to a political subdivision state if a commission from the sale was received.</li> <li>1. None</li> </ul>         |            |
|   |            |
| 3   |            |
| 7. Other. List other sources of annual gross income not reported above that were reported for purposes.   |            |
| l. None   |            |
| 1. <u>None</u><br>2.  |            |
| 3.  |            |
|   |            |
| Part C. Certified Signature.  |            |
|   | stand that |
| I certify that this statement is true and accurate to the best of my knowledge. I under   | or failing |
| I am subject to potential civil and criminal penalties for failing to fite an accurate  | LA ALIO-S  |
| to file this statement by the required due date.  |            |
| 00 =  |            |
| FOLFBALLE 4/30/09   |            |
| (Signature of person filing statement) (Date)   |            |
| /millionania L  |            |